(b)(1)1.4a (b)(1)1.4a, Pages removed for the following reason: (b)(1)1.4a,g (b)(1)1.4a, Pages removed for the following reason: (b)(1)1.4g (b)(1)1.5a

Page 2 of 35

FWD TO: (b)(1)1.4a	DTG: 210845zFEB07
PATROL TYPE: Downed Aircraft Recovery	Patrol LDR:
CALL SIGN (b)(1)1.4a	SP: 180030zFEB07 RP: 200900zFEB07
ELEMENTS: (b)(1)1.4a	OTHER ELEMENTS: EOD

MISSION

(b)(1)1.4a secures downed MH-47 vic (b)(1)1.4a IOT prevent loss of sensitive equipment / information or use for enemy IO campaign.

EXECUTION INFO

At approximately 2330z on 17 FEB 07 the QRF Platoon Leader woke me and told me to that he was going to secure a downed MH-47 and that I was needed in the TOC. Assuming that I was going to have to reconstitute a QRF I awoke and told him to get his platoon prepared to assume QRF and then went to the TOC. At the TOC (b)(1)1.4a informed me that I needed to get a platoon and some medics and move to the aircraft site to conduct ground CASEVAC to (b)(1)1.4a while secured the site. I alerted 1st and 2nd PLT for the mission and had 4th PLT prepare to move if needed do to the limited number of casualties that we can carry per PLT. We were initially told that there were 10 killed and at least 12 injured and that the dead had already been evacuated. At 180030zFEB07 1st and 2nd PLTs with (b)(1)1.4a. and moved south on (b)(1)1.4a,(b)(1)1.4g.

(b)(1)1.4a and found that and established single vehicle TCPs to the north and south of the crash site which was about 50m to the northwest of (b)(1)1.4a Enroute I was informed that there were MEDEVAC aircraft inbound to the crash site. I initially order 1st PLT to establish a TCP to the south and 2nd PLT to establish a TCP to the north and planned to use to move casualties to the aircraft. There were two HH-60 aircraft on the ground loading casualties when we arrived moved immediately to the crash site with the BN PA and five medics. I sent an initial report to (b)(1)1.5a TOC then moved to the crash site. At the crash site I located and four Air Force PJs at the CCP and got a count of total patients. They initially reported that there were 21 pax on the air craft nine patients (at least 2 KIA) evacuated on the first lift, four patients in the CCP (2 KIA, 2 WIA), and they were still looking for patients in the wreckage. I moved to the wreckage and found the company senior medic, triaging patients on the tail ramp, while numerous other soldiers extricated casualties and remains from the air craft.

Informed me that he didn't need any help on the TCPs, so we had soldiers to form aid and litter teams. I moved back to my vehicle to send the initial patient count to (b)(1)1.5a TOC and was informed that the aircraft manifest had 22 pax, meaning either our count or the manifest was wrong. The medics and other soldiers continued to evaluate and treat casualties and cut patients and remains out of the wreckage. I moved back to the crash site and instructed to get an updated count of KIA and WIA on the ground. His count came out to six KIA and eight WIA. Added to the nine already evacuated that came to a total of 23. At this point he realized that they did not have an accurate count of the number evacuated on the first lift. After comparing counts with the PJs they determined that there were eight personnel evacuated on the first lift and at least two were KIA. I moved back to my vehicle and reported the accurate patient count. At the same time, around, 0200z a CH-47 came in and evacuated all the remaining WIA and KIA except the pilot who was still trapped in the wreckage.

Once the wounded were evacuated we began consolidating all weapons, sensitive items and personal effects from the aircraft. We called in bring a 5-ton to evacuate the equipment, a wrecker to extricate

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STATEMENT 25e-4:07-cv-06396-CW---Docum@ME0073---Filed-05/29/2008ED_Page 3 of 35

9. STATEMENT (Continued)

EXECUTION INFO CONTINUED

the pilot and EOD to blow the aircraft if required. As we were waiting for them, the PJs searched through the wreckage and located extraction tools (jaws of life and heavy lift kits). Once they found the tools, they began to cut the pilot out of the wreckage. Eventually they had to use the jaws of life and a pocket knife to amputate the pilots leg in order to remove his body from the wreckage. Wher prived we upload all the equipment that had been evacuated and conducted a final search of the wreckage for remaining equipment. with the 5-ton and the wrecker.

I released to move back to the FOB, established TCPs north and south of the wreckage with 1st PLT, and used 2nd PLT to continue to sort through the wreckage. The PJs took pictures of the wreckage, removed crypto devices, loaded their equipment and the remains of the pilot on two HH-60s that landed and then left the scene. During this time, about a platoon of ANA arrived and asked if they could assist, so we included them in our security plan so brought ANP from $\binom{[b](1)}{1.4a}$ to assist in TCPs and a squad of ANP from $\binom{[b](1)}{1.4a}$ arrived to assist in TCPs. At that time we were told not to destroy the aircraft and to continue to secure the site until we received instructions. EOD began removing all COMSEC devices, the flight data recorder and any avionics and electronic equipment that could be removed. During that time another UH-60 aircraft landed with two PJs who thought there was a body to be removed. We informed them that the pilots remains had been removed. They took some more pictures then left. At approximately 1100z two CH-47s landed and a pilot and flight engineer from anded to assess the aircraft. They removed a few additional devices from the aircraft and said that they would recommend blowing the aircraft in place and showed EOD specific places where charges needed to be placed in order to destroy components that could not be removed. They left at approximately 1400z. We continued to secure the aircraft throughout the night awaiting instructions for the destruction of the aircraft. During the night the (b)(1) 1:4a. ANP left.

On 19 FEB we continued to secure the aircraft and EOD prepared charges in anticipation of being ordered to destroy the aircraft. During the day an Associated Press crew arrived and asked to take pictures and conduct an interview. We informed them that they would not be allowed to take pictures and that we would not permit any interviews. We confirmed that there had been an aircraft accident. They were told to leave, but were then observed taking pictures. 2nd PLT moved to their vehicle, conducted a search of the pax and the vehicle then erased all pictures and forced them to move on. Late in the day (b)(1)1.4a arrived to assess the scene conducted Class I / III resupply and noved back to (b)(1)1.4a. At approximately 1226z, as well At approximately 1226z, as we were breaking down our TCPs and turning them over to the ANA, I heard a burst of .50 cal fire from the northern TCP. I immediately moved to the TCP and determined that the TCP had fired on jingle truck that had run through both the ANA TCP and their position. The driver of the truck was killed instantly and the passenger was severely wounded. We called in a MEDEVAC for the wounded passenger and secured the scene. The ANA BN XO arranged for the removal of the drivers body and notified the truck company to remove the truck. After the passenger was evacuated, we pulled into a perimeter for the night. No other details of this incident are included due to the ongoing investigation into the circumstances of the shooting.

At 1930z we received permission to destroy the aircraft. We established blocking positions north and south of the wreckage outside of the MSD (500m) and cleared the only inhabited compound in the MSD, an ANP checkpoint. After ensuring accountability of all pax and equipment, EOD initiated the charges. The aircraft burned for approximately 5 hours. After assessing the aircraft and determining that some large pieces need to be destroyed, EOD prepped additional charges. At 200330zFEB07 EOD completed setting the charges and we blocked the MSR and destroyed the remaining pieces. Once complete we established TCPs north and south of the wreckage, established a perimeter around the wreckage and allowed traffic through the MSR. Later that morning (b)(1)1.4a arrived on the scene, inspected the wreckage and the site of the shooting and then left. At approximately 0730z arrived with two squads, three jingle trucks, a 5-ton, a crane, and a wrecker. I oriented them to the sight and the security plan, then they took over security and began loading the debris. SP'd the wreckage at approximately 0830z and RTB to (b)(1)1.4a vithout incident.

EXECUTION INFO CONTINUED



SWORN STATEMENT

Case 4:07-cv-06386s CWhis to Proposed MPC 100 Proposed Pr Page 6 of 35

PRIV	ACY	ACT	STAT	TEMENT

AUTHORITY:

Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE:

To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline,

law and order through investigation of complaints and incidents.

ROUTINE USES:

information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearences, recruitment, retention,

placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary. LQCATIO

2. DATE (YYYYMMDD)

TIME

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4. FILE NUMBER

(b)(3)(10USC130b);(b)(6)

(b)(1)1.4a°

9. ရုံမျှကို (မေမ ခမ်းမြောက်မှာ (မော

O MAKE THE FOLLOWING STATEMENT UNDER OATH:

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10. EXHIBIT

11. INITIAL

MAKING STATEMENT

PAGE 1-OF **PAGES**

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _ TAKEN AT _

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

PRIVACY ACT STATEMENT

Authority: The general authority for soliciting this information is 10 USC § 3012. More specific authority(ies) may exist.

Purpose: The purpose(s) for soliciting this information is to obtain facts and make recommendations to assist the commander in determining what action to take with regard to:

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Failure to disclose:

For soldiers and civilians <u>not</u> being advised of their Article 31, UCMJ rights and civilians <u>not</u> being advised of the 5th Amendment rights: Providing the information is mandatory. Failure to provide information could result in disciplinary or other adverse action against you under the UCMJ or Army regulations or applicable civilian personnel regulations.

For soldiers and civilians being advised of their Article 31, UCMJ rights and civilians being advised of the 5th Amendment rights: Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than that certain information might not otherwise be available to the commander for his or her decision in this matter.

Routine Uses: Any information you provide is disclosable to members of the Department of Defense who have a need for the information in the performance of their duties. In addition, the information may be disclosed to Governr (b)(3)(10USC130b),(b)(6)

Defense.

DATE / MATE 07

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			HOUR DATE		HOUR	DATE	
)			0316Z 18 FEB	2007	'''••		
ITEM	T	IME		2007			
NO.	IN	OUT	INCIDENTS, MESSAGES, ORDERS, ETC.		ACTION T	AKEN	IN
			13 CHOPS has no objections if (b)(1) 1.4a continues to attempt	 			
	0316	j	extraction.	1			
			CITF 76 AVN working launch of HH-60 w/extraction equipment ATT	┨			
66	0317	Ī	will advise when wheels-up	1			
		 	Received that we have los(b)(1)1.4a ersonne! ATT.	, ,	. //37/23/24		`
67	0323	}	Status of other personnel unkown ATT.	Passed	ta(b)(1)1	4a	- }
		 	CJTF-76 AVN - HH-60 w/extraction equipment will DPT(b)(1) n 05 min	 -	·	·	
68	0337	·	estimated TOF is 60 min	į .			
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69	0346		attivotest A[]	ł	•		
		 -	Pageigad apport the				
70	0400	Ì	Received report that s in(b)(1) with back injury, no further info	1			
			(·	
71	0403]	reports that wrecker is on site ATT. Extraction gear is still 30 min out.	1		•	
				 			
ſ			(b)(1)1.4a LAUNCHED THE UH AND AH WITH THE JAWS OF LIFE AT 0355Z THEY ARE 1/3 OF THE WAY TO THE CRASH SITE	1	-		
		<u> </u>	ETA CRASH SITE 0450Z.	ļ			
72	0417		ETA CRASH STIE 0450Z,	<u> </u>			1
			P/6V11142	 		·	╄—
73	0420		Reque (b)(1)1.4a to STAND DOWN / all pax extracted ATT, confirmed by (b)(1)1.4a				
			the state of the s	<u> </u>			┵
74	0615		Received updated status of (b)(3)(10USC130b),(b)(6) (b)(3)(10USC130b),(b)(6) will be moved to(b)(1)	Passsed	to(b)(1)1	.4a]
		·	The state of the s		//5V/46\	4 //	ֈ
75	0617		Received report that Quinlan been pronounced KIA.	Passsed	to (b)(1)	123	1
			(5)(1)1.4a 2 0604z enroute to BAF	 			
76	0618		4 00042 emolite to BAF	1			
			Alerted(b)(3)(10USC130b),(b)(6)				┼—
77	0730		CITF 76 CH-47s will be launching from (b)(1) taking them to crash site, to				
			assess ACFT 472 and recover sensitive items and take picture. CH 475	-			┿┈
	ŀ		assess ACFT 472 and recover sensitive items and take picture. CH-47s will then P/L(b)(1)1.4a and return to BAF. HH-60s from (b)(1)				
			الأميد (h)(3)(10USC130b),(b)(6)				┼──
1	[ax from crash site and land at drop-o(b)(1)1.4a continue to				
			(b)(1) (b)(1)1.5a, (b)(3)(10USC130b),(b)(6)	:			†
]			return to BAF.		•		
			Above plan changed to: (b)(3)(10USC130b),(b)(6)	:	 -		┼─-
78	0930		will get on a C-130 at BAF and proceed to(b)(1)				1
T			will escort remains back to BAF.				†
		1	will escort remains back to BAF. will escort of Germany, and (b)(3)(10USC130b),(b)(6) board 2xCH-47s				1
			from will be taken to crash site for assessment of ACFT 472.				
			The second secon				
T			b)(1)1 4a reports that last 2 WIA arrive(b)(1) ATT				
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Summary notes:

the MMU had exceptional resources for this significant mascal. The leadership, administration, professionalism, cooperation, and attitude of the providers, nurses, and ancillary staff were noted by each of us to have been beyond reproach and could not have been better.

(b)(1)1.42 hedics' pre-hospital management and care during evacuation was noted to have been better than anyone could have hoped for under such conditions.

The availability of some supplies, the portable CXR, CT scanner, and the capacity of the blood bank/laboratory were overwhelmed by this incident. By having our full package with blood supply we were able to ameliorate the supply issue and assist the blood bank issue. The use of our I-Stat assisted with the lab issue.

(b)(3)(10USC130b),(b)(6)

Even though we fell in on a CSH-, we took the package. With such a casualty number with high acuity, the CSH exhausted supplies, and the I-Stat proved very useful in the ICU due to the large number of lab requests and blood requests submitted to their lab department.

Fresh Whole Blood drive was initially delayed because 2 of the first 3 donors donated blood that turned out to be the wrong type because they were incorrect of what they thought they were. New resuscitation protocols recommend a greater use of FFP. Because of this we started carrying at least 4 units in the blood cooler even though we knew they would thaw and expire after 5 days in addition to the two frozen units in the 48 hour box. Our thawed FFP was used early in resuscitation due to the fact that the blood bank needed time to thaw FFP while managing numerous laboratory specimens. All of our thawed FFP was infused before FFP was available from the blood bank. Recommendation: if the SRT is carrying 20 units of PRBC we should carry at least 10 units total of FFP with 5-6 units of thawed since we do not have a hot water bath and sticking bags in SRT personnel's ampits does not work well or rapidly.

Choice of Primary Receiving Facility. Choice of Level III facility at decision. (b)(1)1.4a was an excellent decision. (b)(1) had facility to receive this number of casualties. An adequate number of providers were available. A functioning CT scanner was invaluable to evaluate the blunt force injuries.

Triage at Scene: Medics at scene, (b)(3)(10USC130b),(b)(6), (b)(1)1.4a

p)(1)1.4a triage decisions were accurate. The three most critically injured patients were brought to early. Recommendation: Continue pre-deployment CTM training

Mascal Preparation at The mascal plan of was in operation at time of casualty and our arrival. The mascal plan had a team provided to each trauma bay. A (b)(1)1.4a wide call resulted in trauma teams being staffed by physicians familiar with KAFH but not full time staff

of All casualties received undivided attention by trauma team members. Good communications from task force Med Ops planner ensured ready for casualties. (b)(1) 1.4a. FOB wide preparations for mascal were in place and fully functional. Recommendation:

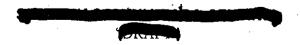
Recognition for eadership and (b)(1)1.4a nedical community for response.

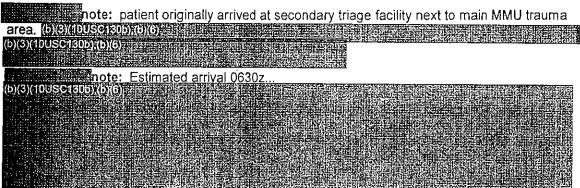
Our role a(b)(1)1.4a

Team leader: Initial effort to provide sit rep to task force. Identified need to establish secure communication immediately. Recognized need to work with mortuary affairs (as adequate number of providers had staffed Worked with TOC (b)(1)1.4a Monitored evacuation plans. Ensured positive working relationship with (b)(1) leadership (Commander and XO). Made contact with at (b)(1)1.4a for stowing of sensitive items and transportation.

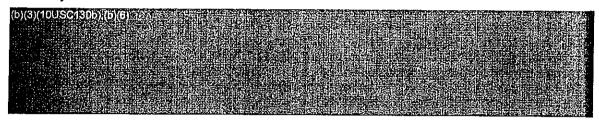
<u>CRNA</u>:. Serve as airway management expert and assist in management of critically ill patient. Provided particular assistance in monitoring fluid status, acid/base status, oxygenation of most critically ill casualty. Provided invaluable assistance by using team I-stat to provide immediate lab results to critical care physician.

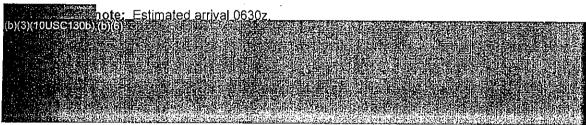
Emergency Medicine physician. Monitored casualties as they left trauma bays to ICU. Specifically, he recognized critical illness of casualty who had been considered hemodynamically uncompromised. Served as oversight to specific casualties in trauma bays. Interacted positively with physician staff on the constant of t



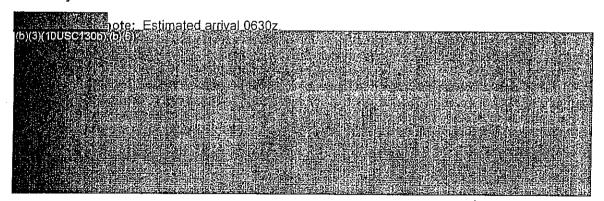


Casualty 12

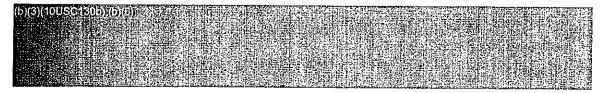




Casualty 13



Casualty 14





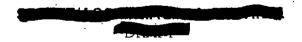
Hypothermia: The first wave of casualties all came in hypothermic. The earn was well aware of the need to warm the facility and CT scanner room. Bair huggers were available for each casualty. The benefits of a better monitoring of core temperature was apparent. The DeRoyal foley catheter with thermistor (DeRoyal Urine Meter Kit with temperature foley catheter, 400 series, Reference 81-080516) would have been of benefit. (I do not have the NSN.) The foley catheter is then attached to the standard ProPaq by way of connector cable (needs to be ordered separately) for continuous temperature monitoring. Recommendation: DeRoyal foley catheters with connecting cable be stocked by team.

Evacuation Process (b)(1)1.4a visely began to prepare for evacuation very early. Input from team members as to evacuation for each patient was well received by medical staff:

MED OPS(b)(1)1 48. On the night of 17 FEB 07 I was paged into the JOC at approximately 21507 Upon entering the JOC I was informed that we might have a helo down (b)(1)1.4a vas third in a flight of three returning from a mission in the (b)(1)1.4a area. The only information that we had is that the pilot made a brief radio transmission stating the number 2 engine went out and that they were carrying 22 pax. (b)(1)14a et down in VIC(b)(1)1 et down in VIC(b)(1)1.4a; due to extremely poor weather (wind and snow). A flight of F15s were scrambled to attempt to locate the aircraft and provide CAS if needed. We had no idea at this point what we were dealing with - hard landing no injuries, hard landing some minor injuries, hard landing massive injuries or catastrophic crash - no survivors.

At approximately 2240 the F15s (b)(1)1.4a gains comms with one of the injured (b)(1)1.4a informs(b)(1)1.42 hat the AC crashed and there are multiple injured personnel. At 22562 reports that there are 10 pax outside the AC and 12 still inside. Conventional medevac and can not fly due to weather. At 2259 two HH60 CSAR helos depart ext time of flight is 60 minutes. At 2317 and 2342 elements of a ground QRF departed (0)(1)1.4a to the crash site (QRF included 2 medics and a PA). CJTF 76 was requesting that all WIAs be evaced to the (b)(1)1.4a although we did not have any good info on the number and type of injuries (up to 22 pax) we knew this would immediately overwhelm them and requested evac to the MMU(b)(1)1.4a. We were repeatedly told "no" and that they wanted to use the and (b)(1)1.4a. Reason given for not going to MMU was that there was another operation going on in (b)(1)1.4a. and they were concerned that they may take casualties and did not want to overload the MMU (they were holding them in reserve). We made the decision to launch the SRT(0)(1)1.4a Doc back to via the MC 130 and they began loading at approximately 18 00302. At approximately 18/0001Z the HH60s reach the crash site and depart with 9 patients at approx 0040 enroute (b)(1)1.4a at this point we still do not know the status of all 22 pax or even the status of the 9 pax headed to I informed CJTF 76 that our team was enroute (b)(1)1.4a to reinforce the MMU and that any remaining casualties would be brought there. At approx 0.1052 the weather clears enough fo (b)(1)1.4a head back to the crash site arriving at approx 0147hrs. They loaded 12 of the remaining 13 casualties (13th was trapped in the AC we did not know the status of the 12 casualties at this point but would later find out that 5 were WIA and 7 were KIA). We instructed (b)(1)1.4a and at 0157 they lifted off. At approx 0240 (b)(1)1.4a the SRT arrive KAF and begin treating patients at the MMU. By approx 0300 the SRT is able to confirm the names and status of all 12 casualties evaced on (b)(1)1.4a Ve still do not know the names and status of the remaining 10 casualties (1 in AC By approx 0500Z the weather cleared enough for conventional medevac began moving the 9 casualties from (b)(1)1.42 three lifts over a period of several hours (4, 3 and 2). Status and names confirmed by the SRT upon arrival at MMU. SRT continued to provide treatment and interface. At 1655Z the first C-17 evac AC departs for Ramstein GE with 11 of the 14 wounded on board. I recalled the SRT and directed that the (b)(1)14a emain with the 3 wounded until they were evacuated. At 19/1545 a C-17 departed for Ramstein GE with 2 WIAs and the $^{(b)(1)14a}$ The last WIA departed with the $^{(b)(1)14a}$ DOC at 19/1930Z.

Disclaimer – all times are approximate and this outlines the highlights not the endless coordination made between TF staff elements, units, CJTF 76 and the SRT. The fact that there



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were 14 survivors and no died of wounds was a testimonial to the skill, determination, professionalism, of the SRT, all medical personnel involved, helo crews, the JOC staff, and the air evac system. I am proud, humbled and honored to be part of such an organization.

PA's comments: Every member of (b)(1)1.42 was either killed, VSI or SI except for one (b)(1)1.42 member who has a contusion/sprain to the wrist, and a closed head injury. The (b)(1)1.4a and ledics performed superbly and are credited with saving 5 VSI/SI casualties. We owe a debt of gratitude to the CSAR team out of (b)(1) for initially getting to the crash site and evacuating 9 casualties to (b)(1)1.4a

SRT was able to rapidly join into the casualty treatment at the MMU due to the prior coordination's earlier that day and the previous day. MMU personnel readily accepted our help and there were no questions on qualifications, credentials etc... Throughout the day it became apparent to us that vas one of the most experienced and knowledgeable surgeons there. One of the patients was not doing well, circling the drain with possible ARDS type symptoms, had all the surgeons in a circle teaching them the new ways of trauma surgery that he has learned from his experience. Anything that (b)(3)(10USC 130b),(b)(6) recommended to be done was done without any sign of friction. There were absolutely no egos throughout the entire day from us or them.

We can't say enough about how well the MMU performed. Along with Canadian, Dutch, Australian and British personnel manning the MMU, there were US Army folks from (b)(1)1 4a (b)(3)(10USC130b),(b)(6).

showed up and took charge of trauma tables. At one point, you could see someone from each nation working feverishly on the same patient with skill and grace like they have worked together for years. Every patient had a CT performed, sometimes multiple. Lab and ICU was top notch considering the situation. They started the walking blood bank and had to turn people away there was so many. Our guys did a great job, but many of the living wouldn't be here without the MMU.

My team was incredible. For guys on their first trip with the unit, you wouldn't know it by their actions and attitudes. They have responded quickly and repeatedly without as much as a bitch or complaint. We went non-stop for 36 plus hours and not once did I see a bit of attitude, temper or lack of determination for caring for the guys.

id a fantastic job in the JOC. You could not have asked for a better front man for this type of operation. Lept both us and the command informed with not only timely but careful and accurate updates oordinated with the Mortuary Affairs folks at operation or dinated with the Mortuary Affairs folks at and was able to have the remains processed quickly, accurately, and arranged to have the ramp ceremony at BAF.

Our (b)(1)1.5a pmmunicator, was the only communicator from the Task Force at the wind that had secure connectivity with the JOC at Bagram. The only other secure means was (b)(1)1.4a promptness, strict accuracy and attention to detail resulted in the successful accountability of twenty two task force members involved in the helicopter crash lid an awesome job by running the "TOC" that we set up in the MWR tent.

orovided us with everything we needed to include a vehicle which we used to shuttle pax and equipment from the cax to (b)(1)1.4a

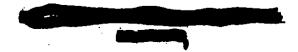
The USAF AELT liaison was very helpful, managed to keep the casualty units and names close hold and coordinated the C-17 CCAT teams there on short notice.

(b)(1)1.4a MMU saved our guys lives. Without them, we could have very easily added 3-4 more to the KIA/DOW list.

Issue: use of HPMK's

Discussion: all the casualties were hypothermic. Early use of HPMK's at the crash site or aircraft if practical given the situation would have been preferred. Given the mass casualty situation and the seriousness of injuries, the medics did a great job with wool/space blankets that they had. Recommendation: Look at having a stock of HPMK's on all aircraft and wheeled vehicles in the task force. They can be incorporated in the drop bags for the CCP's.

Issue: (b)(1)1 4a pmmunicator



Discussion: BLUF, communications were a huge advantage since we were at a foreign hospital. The ability to talk with the JOC and find out the status and arrival of the first nine casualties, and provide the JOC with the names of the casualties and deceased was invaluable. NOK notification would have taken a lot longer and through other channels without our own RTO. Recommendation: Sustain the use of VERY mission.

Issue: CTM Downed aircraft scenario.

Discussion: Not all casualties are the result of armed conflict. Blunt and violent deceleration injuries are relatively uncommon but equally as deadly. Care under fire must be quickly transitioned to tactical field care and then to casualty evacuation care if no tactical scenario is present. Medics that have gone through our CTM noted the similarities and were thankful for the mass casualty experience.

Recommendation: sustain the downed aircraft scenario for CTM training modules.

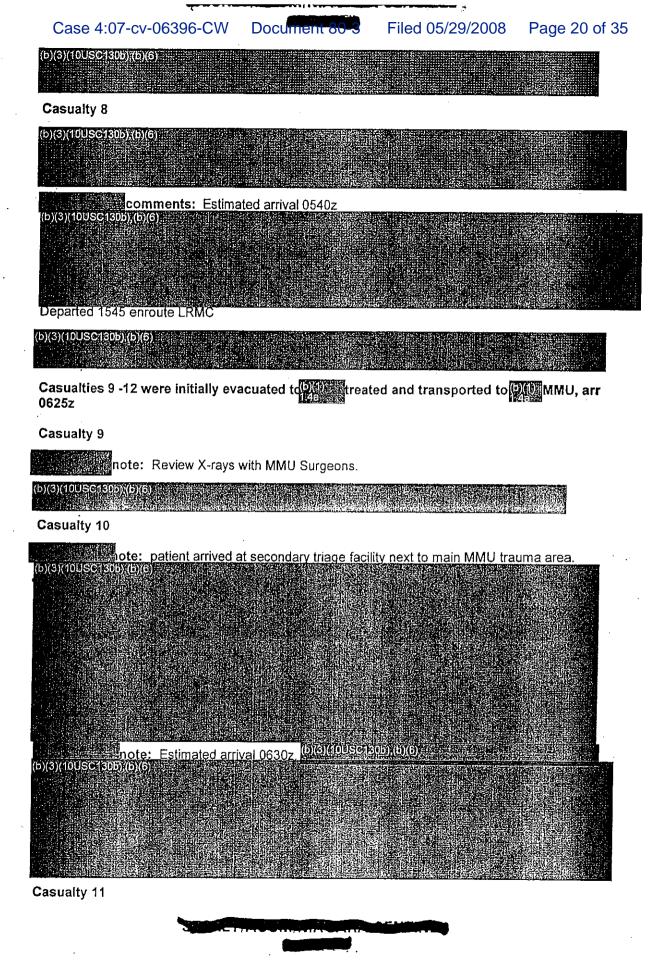
Issue: relationship with non-medical personnel

Discussion: upon arrival at the MMU, the PA was able to identify the Platoon Sergeant as the senior man at the scene. Having participated in approx 10 prior missions with that platoon, and having a good relationship with chain of command allowed the PA to quickly get situational awareness, get accountability of all casualties and start the process of identifying the remains. (b)(1)1.4a personnel had such faith and trust in the SRT from this and numerous prior deployments with other teams, they followed instructions and performed their tasks without question.

Recommendation: Sustain the close relationships we maintain with all personnel by continuous interactions both in garrison and forward deployed.

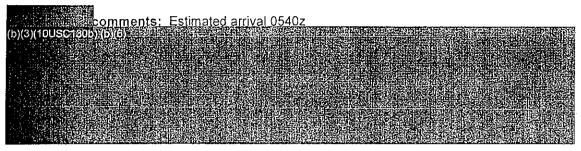


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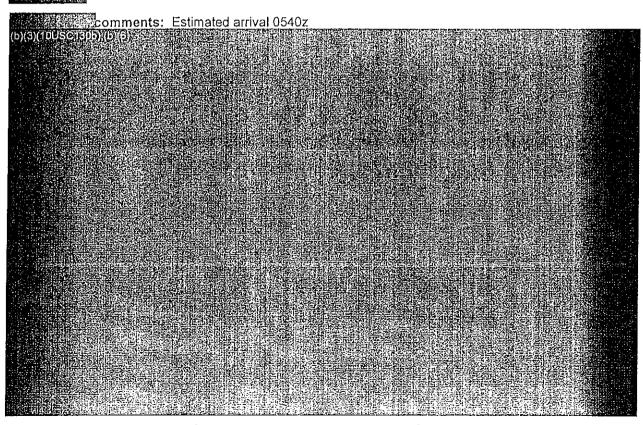
Casualty 6-9 Initial evac to treatment, transport to MMU, arr 0538z.

Casualty 6:

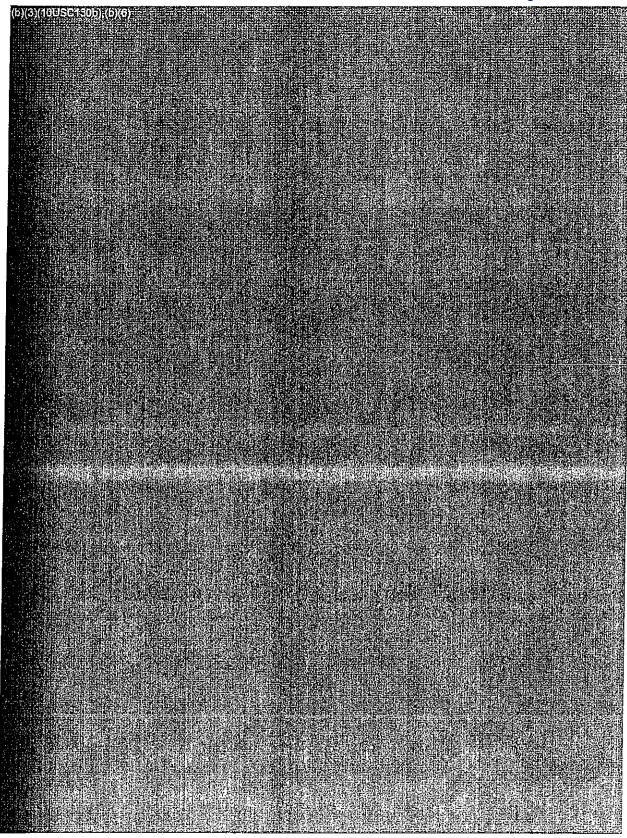


Casualty 7:

note: Reviewed X-ray and diagnosis with MMU provider, no other interaction.



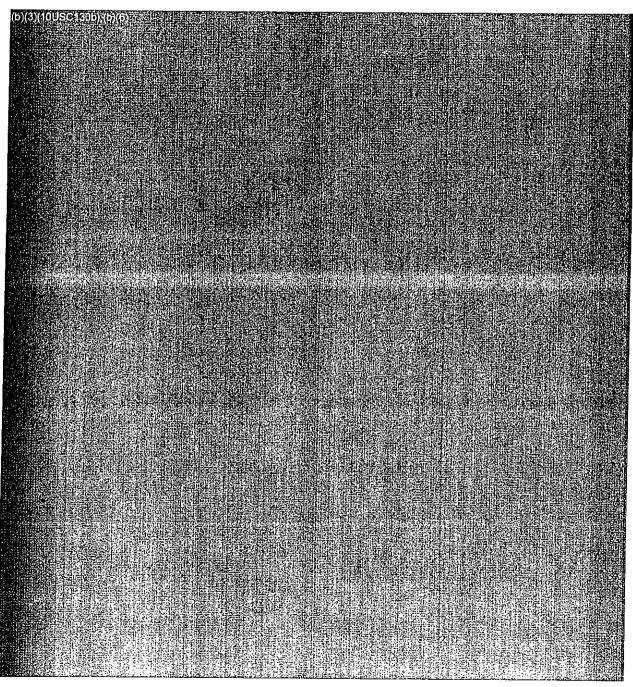




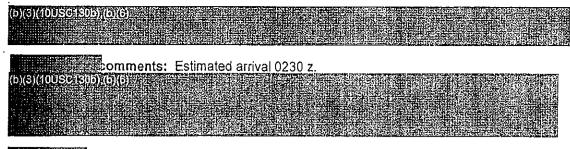
Casualty 5:



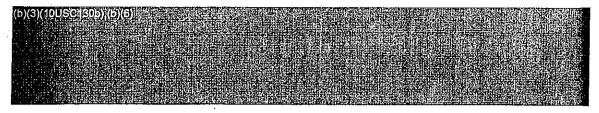
Departed MMU on board C17 trans 1545z enroute LRMC







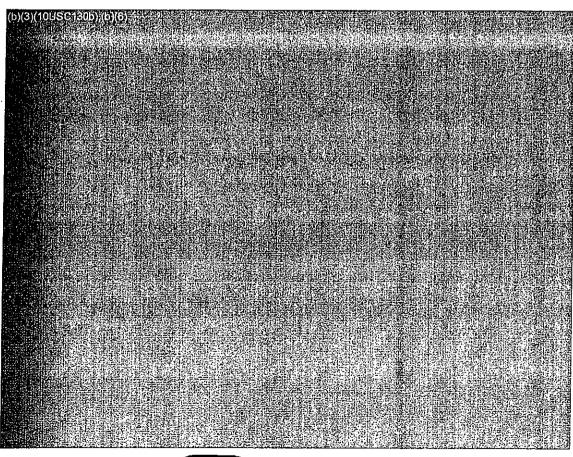
comments: Briefly checked with care team and checked on patient. Plain films and CT reviewed with primary providers.

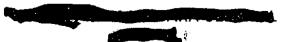


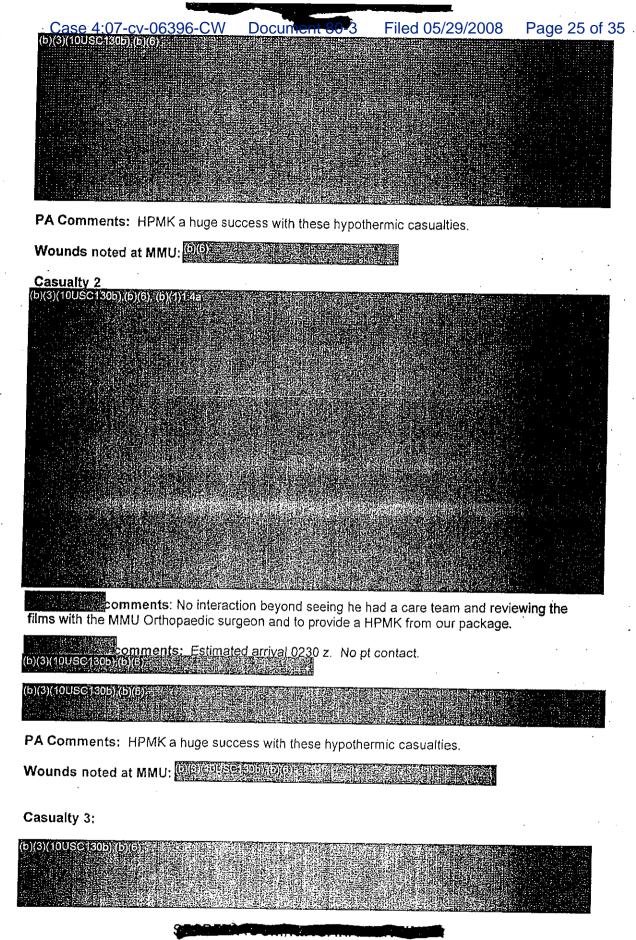
PA comments: good pre-hospital care, recognized the problem, attempted to correct and reevaluated the procedure.



Casualty 4:





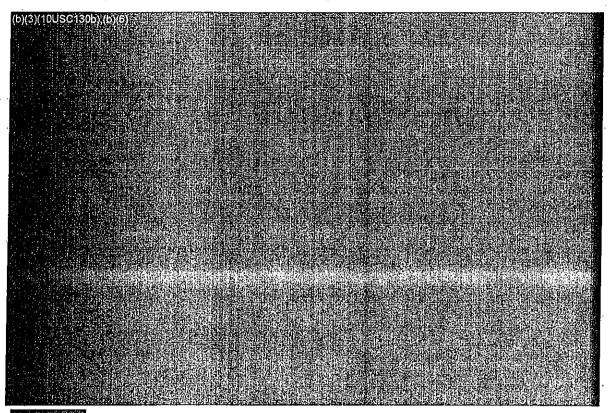


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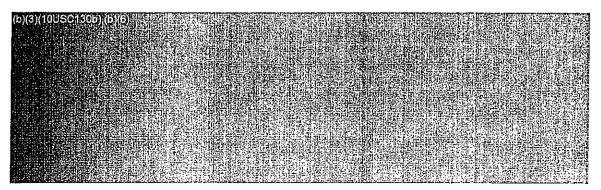
comments: The MMU had clearly prepared with exceptional insight and leadership. Each patient had a physician and team assigned. The SRT Surgeon was ensuring each critical patient was being aggressively addressed. He noted some patients were not in the main bay and asked that I check on them.

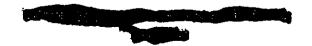
PA Comments: prior coordination with the MMU both previous day and mission night proved invaluable. The MMU staff remembered us when we walked in, and the grid I took from the flight line earlier that day was passed over CMD SAT to the helo's inbound with casualties. Wearing the Surg/ER/PA/CRNA patches seemingly provided all the credentials they needed. The MMU surgeons saw Kirby's patch and immediately welcomed him and started a conversation.

Casualties 1-5, evac from crash site direct to MMU, arr 0230z.



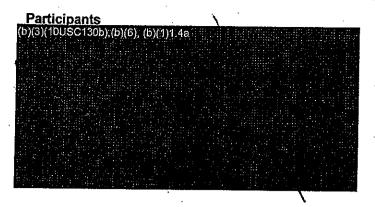
comments: This patient had the best possible prehospital and post arrival airway management, medical care and surgical intervention. The CT was reviewed with the MAU PA. I had no other interaction beyond a few checks with his care team and to provide a HPMK from our package.





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After Action Review, Mass Casualty, Downed MH-47E, Period of Darkness (POD) 17-18 Feb. AFG.



Background: On POD 17-18 February, 2007 (b)(1)1.4a was pre-positioned on board a MC-130H at Kandahar Airfield (KAF) to support operation(b)(1)1.4a located in Southwestern AFG. Two COA's for casualty evacuation. COA #1:(b)(t)1.4a evacuates cax directly to Canadian MMU (Multi-national Medical Unit) with SRT co-located. COA # 2 was for the Talon with SRT to transload cax from (b)(1)1.4a transload cax from (b)(1)1.4a SRT coordinated with MMU upon landing at KAF prior to mission execution then moved back to Talon a (b)(1)1.4a area. MMU capability was listed as 2 x GS, 1 x Ortho, 1 x OMF, 2 x Anesthesiologists, 2 x Anesthesia Techs, 2 x AE crew. 3 x OR tables, 4 x ICU beds, 12 x beds on the OEF medical footprint document produced by med OPS. Mission was not conducted due to lack of trigger. With no trigger, SRT RTB'd to BAF. Upon movement back to BAF, one MH-47 lost power to one of their engines and went down South (b)(1)1.4a Multiple complications led to a prolonged extraction time: bad weather with poor visibility; no illumination; no or limited comms with downed a/c; CSAR were on downed a/c. CSAR from and ground unit from vere dispatched to the scene. The other two MH-47's were grounded at due to weather conditions. F-15's and AC-130's that were overhead reported limited comms with ground force that crawled off helo but provided initial cax report. CSAR Helo from arrived with a follow-on cax report. With the initial cax report, it was realized that this was not just a helo shutdown without comms, but in fact a crash with multiple injured. The SRT (b)(1)1.4a PA and (b)(1)1.4a onto a Talon and moved to MMU. Initial casevac from crash site was performed by CSAR HH-60's, 5 cay on one, 4 on the other with all nine going to (b)(1) 14a Weather cleared enough for the (b)(1) 14a MH-47 to arrive a MH-47 to arrive at crash site and evac 5 cax and 7 KIA to KAF MMU. (b)(1)1.4a. Medic, $2 \times (b)(1)1.4a$ scene at crash site to pick up cax, and provided enroute treatment to MMU. SRT arrived at MMU approx 5 mins after initial cax arrived via MH-47. SRT Surg, CRNA(b)(1)1.4a and (b)(1)1.4a went straight to the MMU. PA, ER and RTO stopped at HLZ transfer point to get situational awareness. At that point, PA started getting accountability of cax and KIA's. RTO and ER took AMST package to MMU to set up comms. ER then went to trauma bay to take care of patients. One additional KIA required extrication from the a/c and was delivered to Affairs later in the day. Throughout the day all 14 cax were delivered to (b)(1)1.4a C-17 CCAT team arrived (b)(1) 1.4a o/a 11 hours after cax first arrived MMU. 11 casualties were evacuated, 2 remained to undergo further surgery or to allow the Acute Lung Injury Team from Landstuhl to come on the CCAT the next day. One casualty was expected to be released to the unit. SRT and (b)(1)14a. Med RTB'd to BAF during POD 18-19 Feb 07(b)(1)14a. ayed at to ensure the command had SA on the remaining three cax. Two patients were evacuated to Landstuhl the next day, last cax transported to BAF by C-130 with

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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

PRIVACY ACT STATEMENT

Authority: The general authority for soliciting this information is 10 USC § 3012. More specific authority(ies) may exist.

Purpose: The purpose(s) for soliciting this information is to obtain facts and make recommendations to assist the commander in determining what action to take with regard to:

MISHAN OF (b)(1) 1.4a	17 155 07	AND THE RESULTING	CASUALTIES
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Failure to disclose:

For soldiers and civilians not being advised of their Article 31, UCMJ rights and civilians not being advised of the 5 Amendment rights. Providing the information is mandatory. Failure to provide information could result in disciplinary or other adverse action against you under the UCMJ or Army regulations or applicable civilian personnel regulations.

For soldiers and civilians <u>being</u> advised of their Article 31, UCMI rights and civilians <u>being</u> advised of the 5th Amendment rights: Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than that certain information might not otherwise be available to the commander for his or her decision in this matter.

Routine Uses: Any information you provide is disclosable to members of the Department of Defense who have a need for the information in the performance of their duties. In addition, the information may be disclosed to Government agencies outside of the Department of Defense.

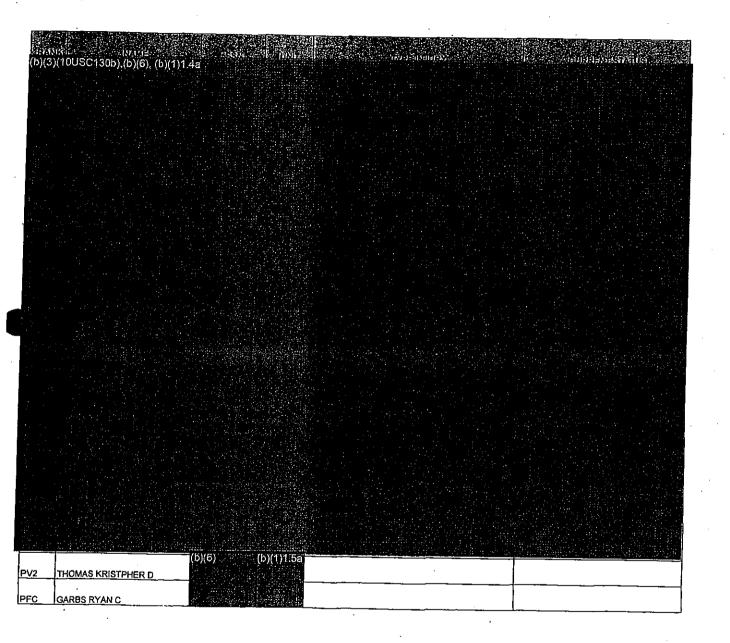
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CONTAINING THE STATEMENT. I HAVE MADE THIS STATEME THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAW	NT FREELY((b)(3)(10USC130b),(b)(6) ARD, WITHOUT
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PAGE 2 OF 2



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Case 4:07-cv-06396r GW this Diag Library 190453 the proposal type (2008) Page 33 of 35

	PRIVÁCY ACT STATEMENT		
AUTHORITY:	Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).		
PRINCIPAL PURPOSE:	To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.		
ROUTINE USES:	Information provided may be further disclosed to federal, state, local, and foreign government law agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Ve the Office of Personnel Management. Information provided may be used for determinations regar non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment placement, and other personnel actions.	eterens Affairs, and rdin <i>o</i> iudicial or	
DISCLOSURE:	Disclosure of your SSN and other information is voluntary.	·	
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9. STATEMENT (Continued)	
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BY ME. THE STATEMENT IS TRUE THAVE INITIAL ED ALL CODE	OUNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE RECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFU	FREELY W(b)(3)(10USG130b),(b)(6)
	(Signature of Person Making Statement)
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	administer oaths, this 27 day of 765 , 200 7
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	PAGE 2 OF 3 PAGES

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